CWF Assistance Request Codes

Enter CWF assistance requests for existing MSP records.

Required Fields on ECRS CWF Assistance Request Detail Pages

Field	Description
ACTION(S)	Action codes
DCN	Document Control Number
ACTIVITY CODE	Activity code
SOURCE	Source of request information
BENE HICN	Beneficiary's Health Insurance Claim Number
NAME	Beneficiary's name (*pre-filled, protected*)
PAT REL	Patient relationship
MSP TYPE	Type of MSP coverage
EFF DT	Effective date of MSP coverage
AUX REC	Record number of MSP auxiliary occurrence at CWF
ORIG CNTR	Contract number of contractor that created original MSP occurrence at CWF

Required Fields for Source Codes

Value	Required Fields
CHEK	CHECK DATE, CHECK AMOUNT, CHECK NO, INFMT NAME, STREET, CITY, ST, ZIP, INFMT REL
LTTR	INFMT NAME, STREET, CITY, ST, ZIP, INFMT REL
PHON	INFMT NAME, STREET, CITY, ST, ZIP, INFMT REL

Action Codes

Value	Description
AI	Change attorney information
AP	Add policy and or group number
AR	Add CWF remark codes
CD	Change to injury/loss date
CP	Incorrect ESRD Coordination Period
CT	Change termination date
DA	Develop to the attorney
DD	Develop for the diagnosis code
DE	Develop to employer or for employer info
DI	Develop to insurer or for insurer info
DO	Mark occurrence for deletion
DR	Investigate/redevelop closed or deleted record
DT	Develop for termination date
DX	Change diagnosis codes
EA	Change employer address
ED	Change effective date
EF	Develop for the effective date
EI	Change employer information
ES	Employer size below minimum (20 for working aged; 100 for disability)
II	Change insurer information
IT	Change insurer type
LR	Add duplicate liability record
MT	Change MSP type
MX	SSN/HICN mismatch
NR	Create duplicate no-fault record
PH	Add PHP date
PR	Change patient relationship
TD	Terminate open EGHP record with date less than six months prior to date of accretion
VP	Beneficiary has taken a vow of poverty
WN	Notify COBC of updates to WCMSA cases

Required Fields for Action Codes

Value	Required Fields	Description
AI	INFMT NAME, STREET, CITY, ST, ZIP INFMT REL will pre-fill with 'A'	Attorney information
AP	Policy Number/ and or Group Number Note: ** available for EGHP MSP types only***	Insurer information for drug records
AR	Remark Code (at least one)	Remarks
CD	Group Number Note: ** available for contractor 79001, NON EGHP MSP types D, E, and L only ***	DOI/DOL changes
CP	Note: ** available for ESRD MSP type B only ***	Verification of coordination period
CT	TERMINATION DATE	Termination Date
DX	DIAG (at least one)	Diagnosis codes
EA	EMPLR NAME	Employer information
EI	EMPLR NAME, STREET, CITY, ST, ZIP, Type data in all fields to update employer info at CWF.	Employer information
II	INSURANCE COMPANY NAME If you leave the following fields blank, the system overwrites the previous value on the MSP auxiliary record at CWF: STREET, CITY, ST,	Insurance Company Name
	ZIP, GROUP NO, POLICY NO, SUBSCRIBER NAME Type data in all fields to update insurer info at CWF. Leave all fields blank to delete insurer info at CWF.	
IT	INS TYPE	Insurance type
MX	SSN	SSN/HICN mismatch
PH	PHP DATE	Pre-paid Health Plan date
TD	TERMINATION DATE	Termination date
WN	Note: ** available for Contractor 79001 only ***	WCMSA Notification

MSP Inquiry Codes

Enter inquiries to initiate MSP development.

Note: Action codes are *not required* for MSP inquiries.

Required Fields on ECRS MSP Inquiry Detail Pages

Field	Description
DCN	Document Control Number
ACTIVITY CODE	Activity code
SOURCE	Source of request information
BENE HICN	Beneficiary's Health Insurance Claim Number

Action Codes

Value	Description
CA	Class action suit
CL	Closed or settled case
DE	Develop to the employer
DI	Develop to the insurer

Required Fields for Action Codes

Value	Required Fields
CA	CMS GROUPING CD, PAT REL, MSP TYPE (must = L), EFF DT, INSURANCE COMPANY NAME, INSURANCE TYPE. Informant Name, Address, City, State and Zip are required unless Insurance Company Address, City, State and Zip have been entered. Note: Relationship will default to "A" Attorney representing beneficiary if Informant information is entered.
CL	PAT REL, MSP TYPE (must = D, E, or L), EFF DT, TERM DATE, INSURANCE COMPANY NAME, INSURANCE TYPE. Informant Name, Address, City, State and Zip are required unless Insurance Company Address, City, State and Zip have been entered. Note: Relationship will default to "A" Attorney representing beneficiary if Informant information is entered.
DE	EMPLR NAME, STREET, CITY, ST, ZIP
DI	INSURANCE COMPANY NAME, STREET, CITY, ST, ZIP

Required Fields for Source Codes

Value	Required Fields
CHEK	DCN, SOURCE, HICN, NAME, CHECK DATE, CHECK AMOUNT, CHECK NO, INFMT NAME, ADDR, CITY, ST, ZIP, INFMT REL **or** DCN, SOURCE, SSN, NAME, BENE STRT, CITY, ST, ZIP, CHECK DATE, CHECK AMOUNT, CHECK NO, INFMT NAME, ADDR, CITY, ST, ZIP, INFMT REL
LTTR	DCN, SOURCE, HICN, NAME, INFMT NAME, ADDR, CITY, ST, ZIP, INFMT REL **or** DCN, SOURCE, SSN, NAME, BENE STRT, CITY, ST, ZIP, INFMT NAME, ADDR, CITY, ST, ZIP, INFMT REL
PHON	DCN, SOURCE, HICN, NAME, MSP TYPE, INFMT NAME, ADDR, CITY, ST, ZIP, INFMT REL **or** DCN, SOURCE, SSN, NAME, BENE STRT, CITY, ST, ZIP, MSP TYPE, INFMT NAME, ADDR, CITY, ST, ZIP, INFMT REL
SCLM	DCN, SOURCE, HICN, NAME **or** DCN, SOURCE, SSN, NAME, BENE STRT, CITY, ST, ZIP

General Codes

The following codes apply to CWF assistance requests, MSP inquiries, and workers' compensation set-aside trust cases.

Activity Codes

Value	Description
C	Claims (Pre-Payment) (22001)
D	Debt Collection (42021)
G	Group Health Plan (42003)
I	General Inquiry (42004)
N	Liability, No-Fault, Workers' Compensation, and Federal Tort Claim Act (FTCA) (42002)

MSP Type Codes

NON EGHP

Value	Description
D	Automobile Insurance, No Fault
E	Workers' Compensation
L	Liability
W	Workers' Compensation Set-Aside

EGHP

Value	Description
A	Working Aged
B	End-Stage Renal Disease (ESRD)
C	Conditional Payment
F	Federal (Public)
G	Disabled
H	Black Lung
I	Veterans

Source Codes

CHEK	Unsolicited check
LTTR	Letter
PHON	Phone call
SCLM	Medicare Secondary Claim payment
SRVY	Survey (Part D only)

Status Codes

CM	Completed
DE	Delete (do not process) ECRS request
HD	Hold, individual not yet a Medicare beneficiary (WC) (RAC)
IP	In process, being edited by COB
NW	New, not yet read by COB

Reason Codes

01	Not yet read by COB, used with NW status
02	Being processed by COB, used with IP status
03	Under development by COB, used with IP status
04	Update sent to CWF, used with IP status
05	Error received from CWF, being resolved by COB contractor, used with IP status
06	Sent to EDB for beneficiary info, used with IP status
07	Auditor follow-up development in progress, used with IP status
10	Not processing
11	Not yet eligible for Medicare, used with HD status
12	Needs diagnosis, used with HD status (for WC set-aside trust cases only)
13	Future-dated workers' compensation case, used with HD status (for WC set-aside trust cases only)
14	Duplicate request, development already in process, used with HD status
15	Prescription Drug Coverage update sent to MBD
30	S.E.E. Approved Medicare primary
31	Action code and comments conflict
32	Record terminated/deleted due to OBRA 93
33	WCSA record – can only be updated by RO, record closed by CWF Analyst
34	Record is "N" validity – we do not develop for "N" records
36	Policy Holder Retired (G record)
37	Beneficiary verified existing record, no update needed
38	Development letter sent, waiting on response
45	Insufficient information to process, used with HD status (RAC only)
46	RAC did not update hold records, used with DE status (RAC only)
50	Posted to CWF, response received with no errors, used

	with CM status
51	No changes (additions, modifications, or deletions) made to CWF, used with CM status
52	Returned–rejected by CWF, used with CM status
53	Returned–duplicate ECRS request, used with CM status
54	100 or more threshold met
55	20 or more threshold met
56	OBRA does not apply, no update
57	Record already updated
58	Non-compliant GHP
59	Employer verified existing record, no update
60	Invalid HICN
61	No Part A entitlement
62	Closed, no response to development
63	Development complete, no MSP
64	Letter sent
65	Deceased, used with CM status
66	ESRD/DIB conflict
67	No response from CWF
68	Closed for Self-Report
69	Developed to GHP, no response
70	Developed to non-EGHP, no response
71	Developed to beneficiary, no response
72	Developed to informant, no response
73	Medicare beneficiary retired
74	Spouse retired
75	GHP lifetime of yearly benefits past maximum amount
76	No coverage with insurance company
77	Medicare Supplemental Plan
78	Employer has less than 20 employees
79	Per employer, Medicare beneficiary is not covered under spouse's GHP
80	Employer has less than 100 employees
81	Medicare is primary due to ESRD coordination period
82	Per insurance, seasonal employee and not eligible for the month
83	Incoming request conflicts with information on file
84	Insufficient information to update CWF
85	Venue changed
86	Unable to verify address, used with CM status (for CWF assistant requests only)
87	MSP record exists, used with CM status (for MSP inquiries only)
88	No update, not lead contractor
91	Duplicate in process
92	Change of Venue not allowed after 90 days
93	No Part D Enrollment found

Patient Relationship Codes

01	Patient is policy holder
02	Spouse
03	Natural child, insured has financial responsibility
04	Natural child, insured has no financial responsibility
05	Stepchild
06	Foster child
07	Ward of the Court
08	Employee
09	Unknown
10	Handicapped dependent
11	Organ donor
12	Cadaver donor
13	Grandchild
14	Niece/nephew
15	Injured plaintiff
16	Sponsored dependent
17	Minor dependent of a minor dependent
18	Parent
19	Grandparent dependent
20	Domestic partner (Effective April, 2004.)

Informant Relationship Codes

A	Attorney representing beneficiary
B	Beneficiary
C	Child
D	Defendant's attorney
E	Employer
F	Father
I	Insurer
M	Mother
N	Non-relative
O	Other relative
P	Provider
R	Beneficiary representative (other than attorney)
S	Spouse
U	Unknown
W	Pharmacy

Relationship to Insured Codes

B	Beneficiary
C	Child
E	Employer
F	Father

M	Mother
N	Non-relative
O	Other relative
S	Spouse
U	Unknown

Insurance Type Codes

A	Insurance or Indemnity (OTHER TYPES)
B	Group Health Organization (GHO)
C	Preferred Provider Organization (PPO)
D	Third Party Administrator arrangement under an Administrative Service Only (ASO) contract without stop loss from any entity (TPA/ASO)
E	Third Party Administrator arrangement with stop loss insurance issued from any entity (STOP LOSS TPA)
F	Self-Insured/Self-Administered (SELF-INSURED)
G	Collectively-Bargained Health and Welfare Fund (HEALTH/WELFAR)
H	Multiple Employer Health Plan with at least one employer who has more than 100 full- and/or part-time employees (EMPLOYER+100)
I	Multiple Employer Health Plan with at least one employer who has more than 20 full- and/or part-time employees (EMPLOYER+20)
J	Hospitalization Only Plan covering inpatient hospital services (HOSPITAL ONLY)
K	Medical Services Only Plan covering only non-inpatient medical services (MEDICAL ONLY)
M	Medicare Supplemental Plan, Medigap, Medicare Wraparound Plan, or Medicare Carve Out Plan (SUPPLEMENTAL)
R	GHP Health Reimbursement Arrangement
S	GHP Health Savings Account
Blank	Unknown (UNKNOWN)

Prescription Drug Coverage Codes

Prescription Drug Supplemental Type Codes

M	Medigap
L	Supplemental
N	Non-qualified SPAP
O	Other
P	PAP
Q	Qualified SPAP
R	Charity
S	ADAP
T	Federal Government Programs
1	Medicaid
2	Tricare
3	Major Medical

Prescription Drug Type Codes

U	Drug Network
V	Drug Non-network
Z	Health Reimbursement account